

59th Medical Wing



U.S. AIR FORCE

59 MDW Nephrology Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 14 Feb 05

***I n t e g r i t y - S e r v i c e - E x c e l l e n
c e***

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Product Line Review

Revised Financing Overview

Prospective Payment System

- **Goal 1:** Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- **Goal 2:** Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- **Bottom-line:** We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual **59 MDW** Performance Oct-Jul 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: **-\$9.4M**

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%

SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

Nephrology

Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- PRIME Leakage, PSC Use, and Market Share
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Customer Satisfaction

Nephrology Clinic Description

- Outpatient consultation in nephrology and hypertension
- Inpatient consults: acute renal failure including continuous renal replacement therapy in ICU; management of hypertensive emergencies, and all aspects of end state renal disease care
- Epogen clinic
- Pre-transplant/ESRD clinic
- Continuous BP monitoring for hypertensive management
- Procedures: percutaneous ultrasound-guided renal biopsies, insertion of dialysis catheters/insertion of IJ & femoral temporary dialysis catheters

Nephrology

GME Responsibilities

- Joint fellowship with UTHSCSA (sole AF program)
- Pre-requisite: Internal Medicine residency (44M3)
- Fellowship length: 2 years (2 fellows per year – 4 AD 44M1J fellows total)
- Training Locations:
 - AD fellows at WHMC on Friday mornings for continuity clinic
 - AD and UTHSCSA fellows rotate at WHMC on monthly basis to cover inpatient consult service (approx. 2 months/year)
 - Most of AD fellow time spent away from WHMC
- Last accreditation: Dec 04 for 5 years
 - On-time Graduation rate: 100%/pass rate: 100%
 - Problem areas noted by PD: reduced funding for educational objectives (received approx 50% of budget requirements to buy text books and to fund TDYs for one annual conference + board review course)

Nephrology Staffing

	Authorized					Assigned				
	Mil	GS Civ	K	Total		Mil	GS Civ	Contract	Total	Staffing
44M3J (MD)	3	0	0	3		3	0	0	3	100%
RNs (46N3)	2	2	0	4		1	2	0	3	75%
LVNs/Techs (4N0X1s)	6	0	0	6		6	0	0	6	100%
Admin (4A0X1)	1	0	0	1		1	0	0	1	100%
Secretary 3A051	0	1	0	1		0	0	0	0	0%
Total Support Staff	9	3	0	12		8	2	0	10	83%

3 Physicians

Maj C. Glanton (Flt/CC)

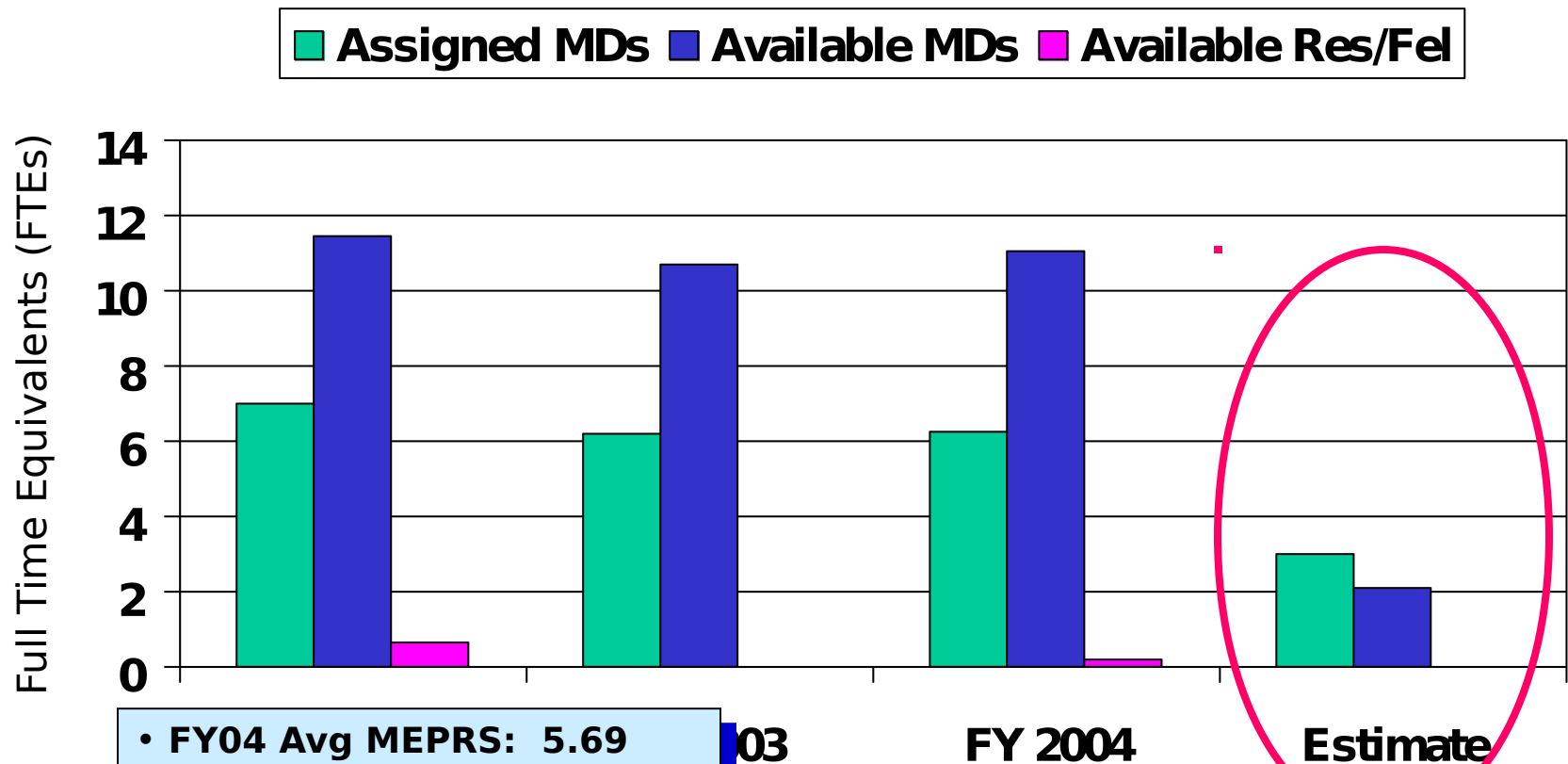
Maj C. Skluzacek (PD)

Maj B. Brenzina

Auth dropped from 4 to 3
in FY2000

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Assigned/Available MDs (MEPRS)



- FY04 Avg MEPRS: 5.69 Avail
- **Estimate:** 3 AD x 0.7 weight = 2.1 Available or less given inpatient consult time, etc.

Note: Flt/CC updated MEPRS in Nov 04; server down

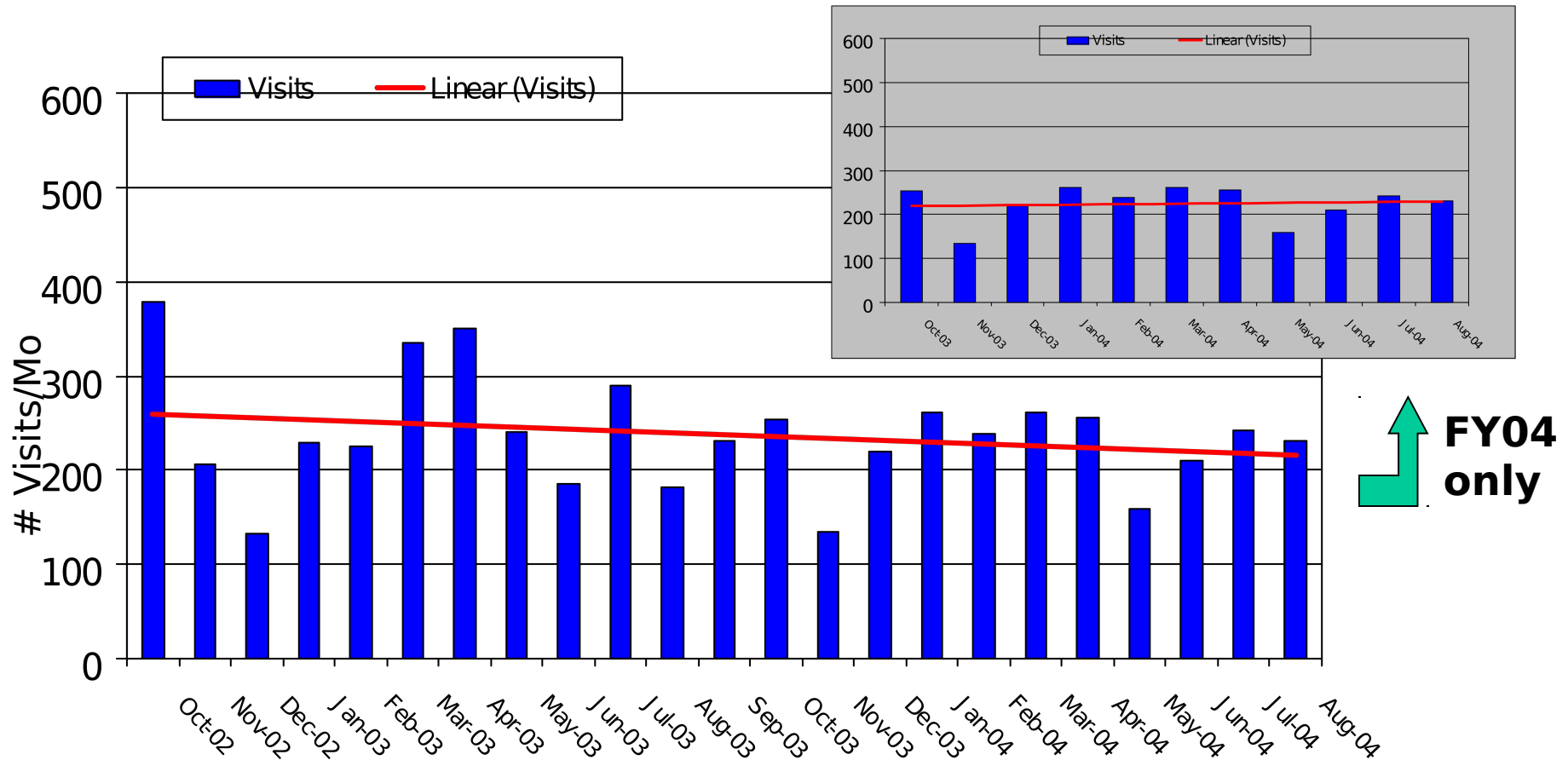
Nephrology

Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03: Maj Eppich (former Flt/CC) Feb-May 03
 - FY03/04: Maj Glanton (Jul-Nov 03)
 - FY04: Maj Skluzacek Jun-Sep 04
 - Taskings in Turtle Model: As 44M3 (Int Med) Substitute
 - Basic: 2 per cycle ($3 \times 2 \times 120$) = 720 days *
 - Aug: 2 per cycle ($3 \times 2 \times 120$) = 720 days *
 - Humanitarian and Civic Assistance
 - None in SGX database

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Total OP Visits FY03-FY04



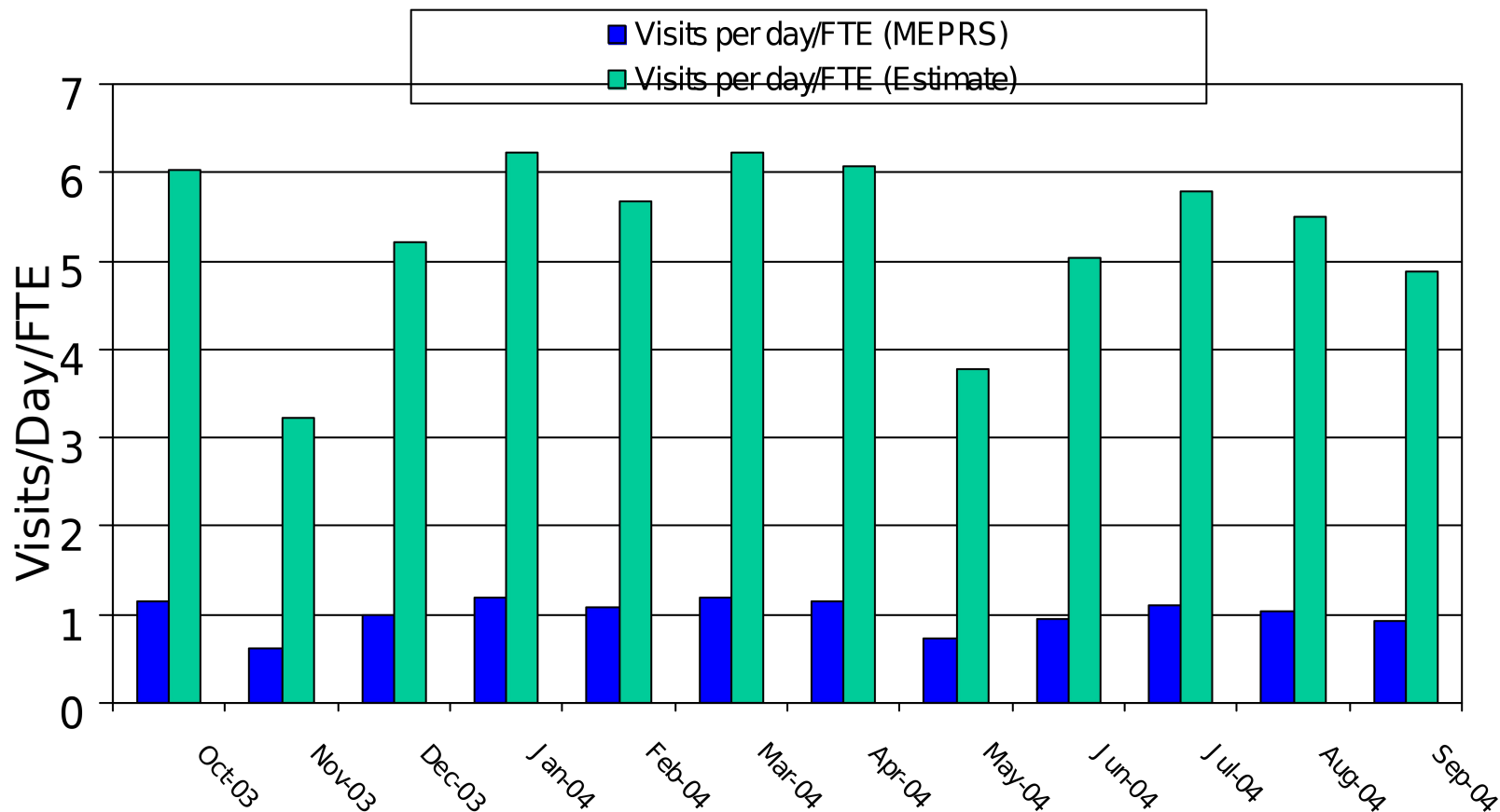
FY04 only

Source: Worldwide Workload
WHMC Intranet/E.I.C.

- FY04 Avg: 223/mo
- FY03 Avg: 249/mo or -10%
- Visits holding steady in FY04 (inset)

Nephrology

Total OP Visits/Day/FTE

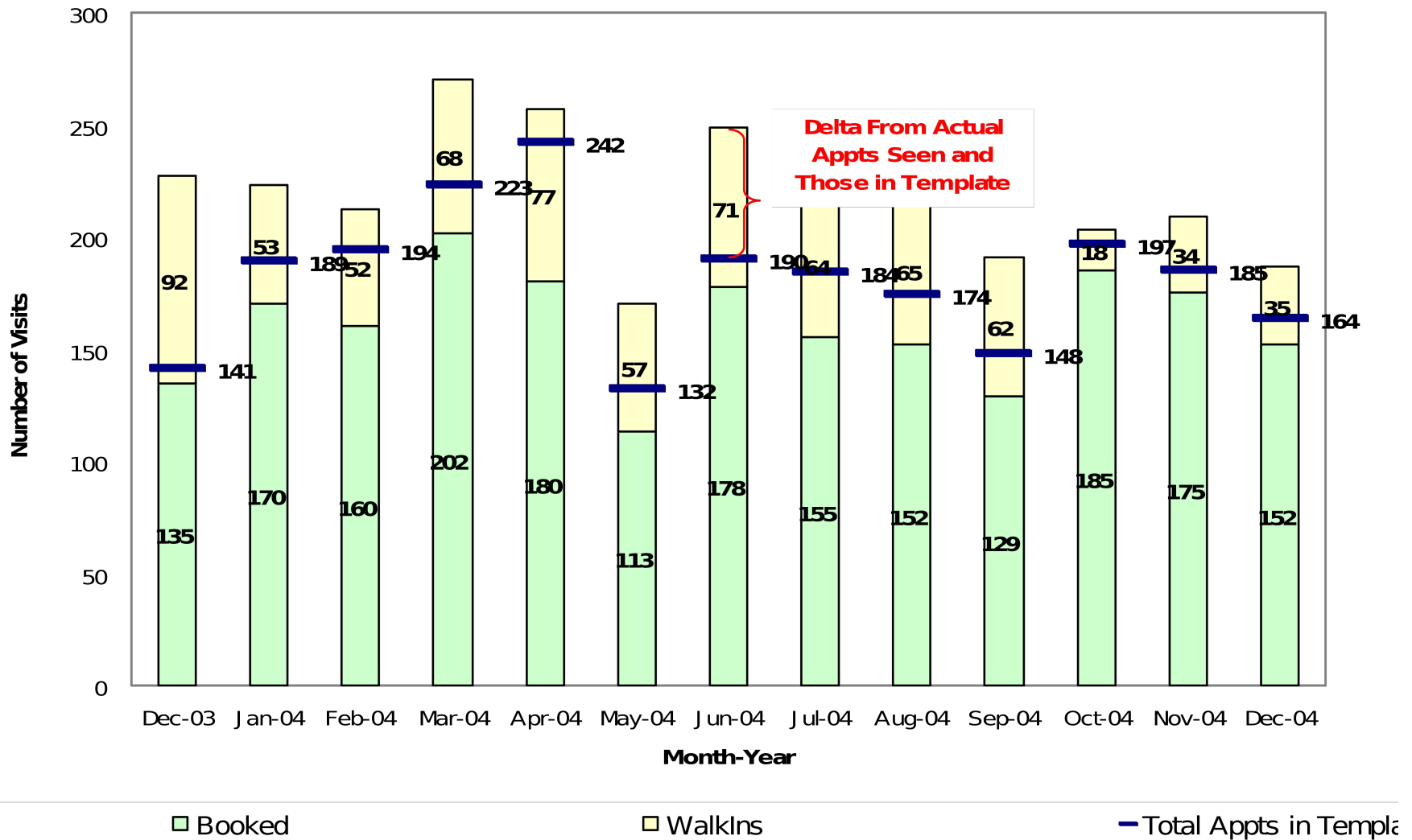


- Monthly x MEPRS Avail @ 20 days/mo
 - This is what Air Staff sees when they look at Visits divided by MEPRS available
- Estimate: 2.8 Avail

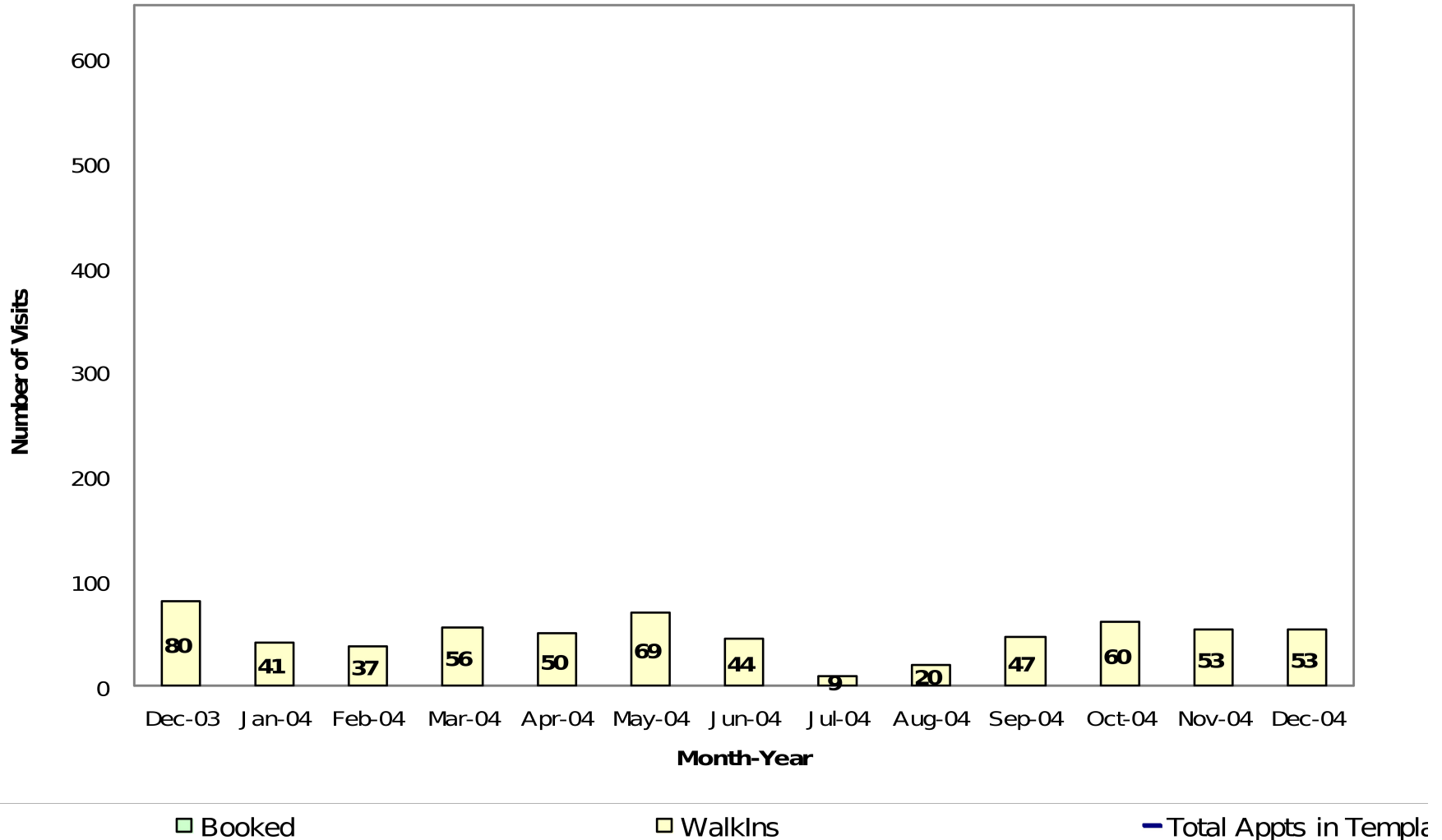
- MEPRS: 1 per day/FTE
- Estimate: 5.3 per day/FTE
- Ensure MEPRS corrected to give accurate picture of workload

Nephrology Clinic

Templates (Dec 03 – Dec 04)



Nephrology (Hemodialysis) Templates (Dec 03 – Dec 04)



Nephrology

Access to Care

- Standard for Specialty Appointments: 28 days
 - Avg Wait Time: 25.74 (as of Jan 05)

• **Meeting standard**
for routine access to
specialty care

Nephrology Outpatient Market Share

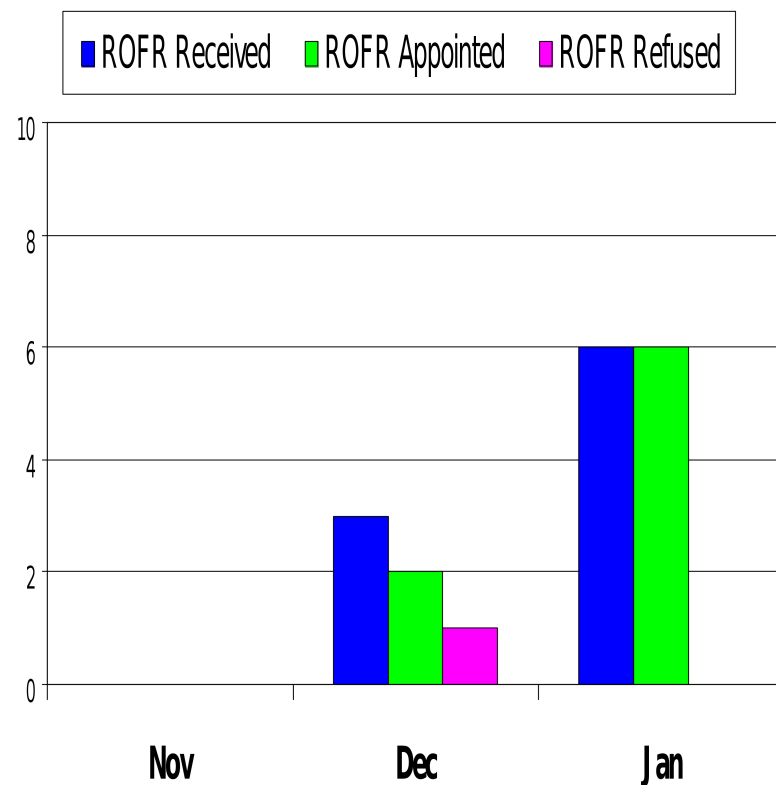
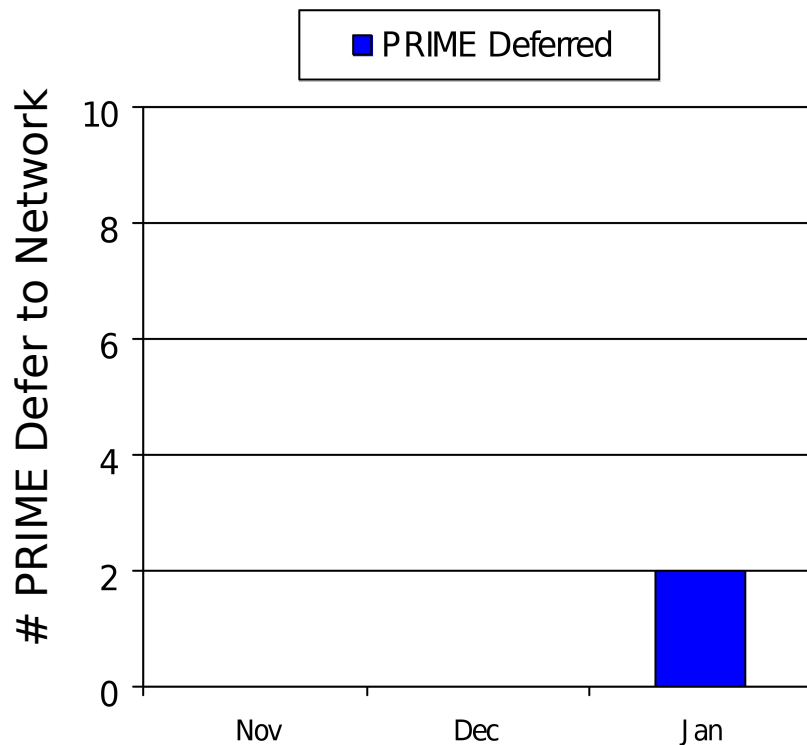
- In FY03, WHMC and BAMC had **91%** of the outpatient market share
 - WHMC CMAC*: \$110K
 - BAMC CMAC: \$815K
 - Value of care is a factor of the # visits/procedures weighted by the codes used to document the care (Value of care produced= productivity x complexity)

Category	FY03	FY04 (>95%)
AD	\$ 132	\$ 1,341
BAMC Prime	\$ 20,902	\$ 21,635
WHMC Prime	\$ 18,460	\$ 10,764
Other MTFs	\$ 4,767	\$ 6,606
Network PRIME	\$ 15,366	\$ 9,209
Standard < 65	\$ 12,113	\$ 6,816
Total < 65	\$ 71,740	\$ 56,371

* CMAC: Champus Maximum Allowable Charge
Quantifies “Value of Care” based on coding/procedures, etc.

Nephrology

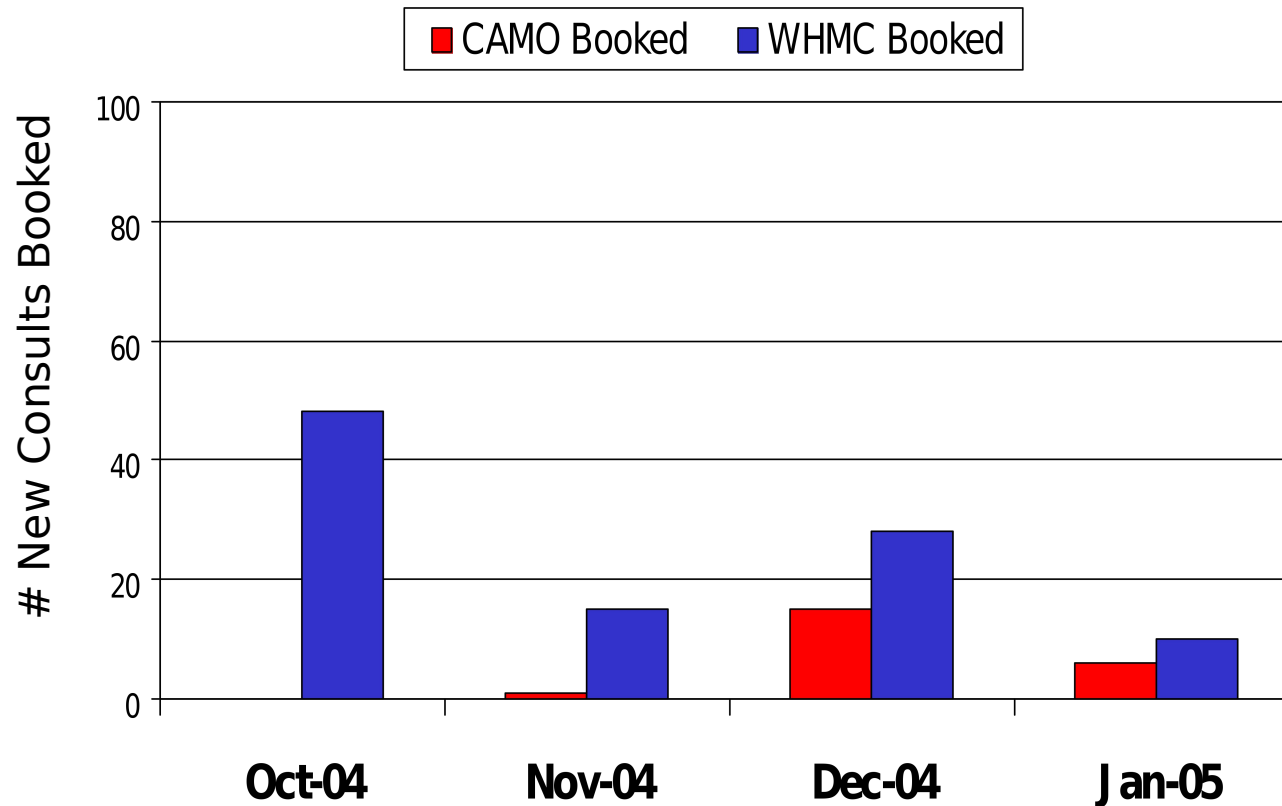
FY05 PRIME Referrals and ROFR*



* *Right of First Refusal*

- 2 PRIME Deferred in Jan
- 89% of ROFR consults appointed

Nephrology CAMO Booking

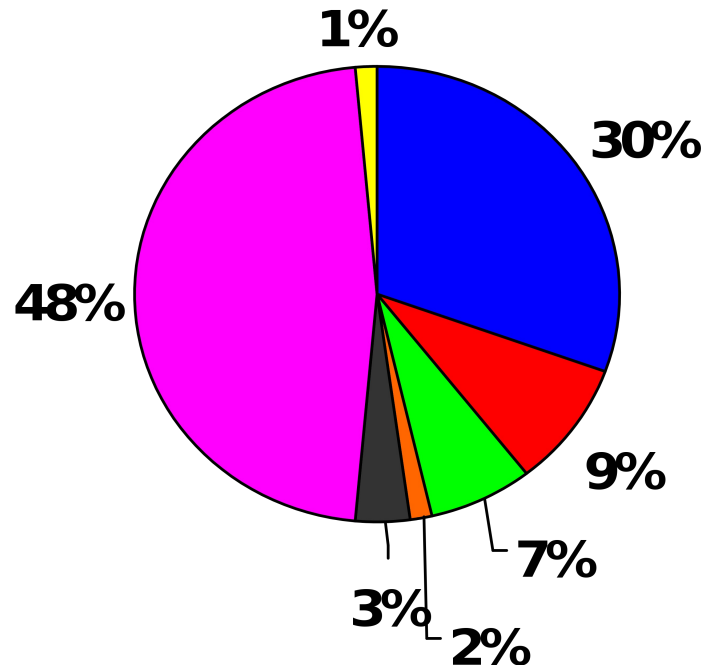


- 82% new consultations to WHMC are being booked through the Nephrology Clinic for period 1 Oct - 15 Nov 05)

Nephrology Coding Analysis

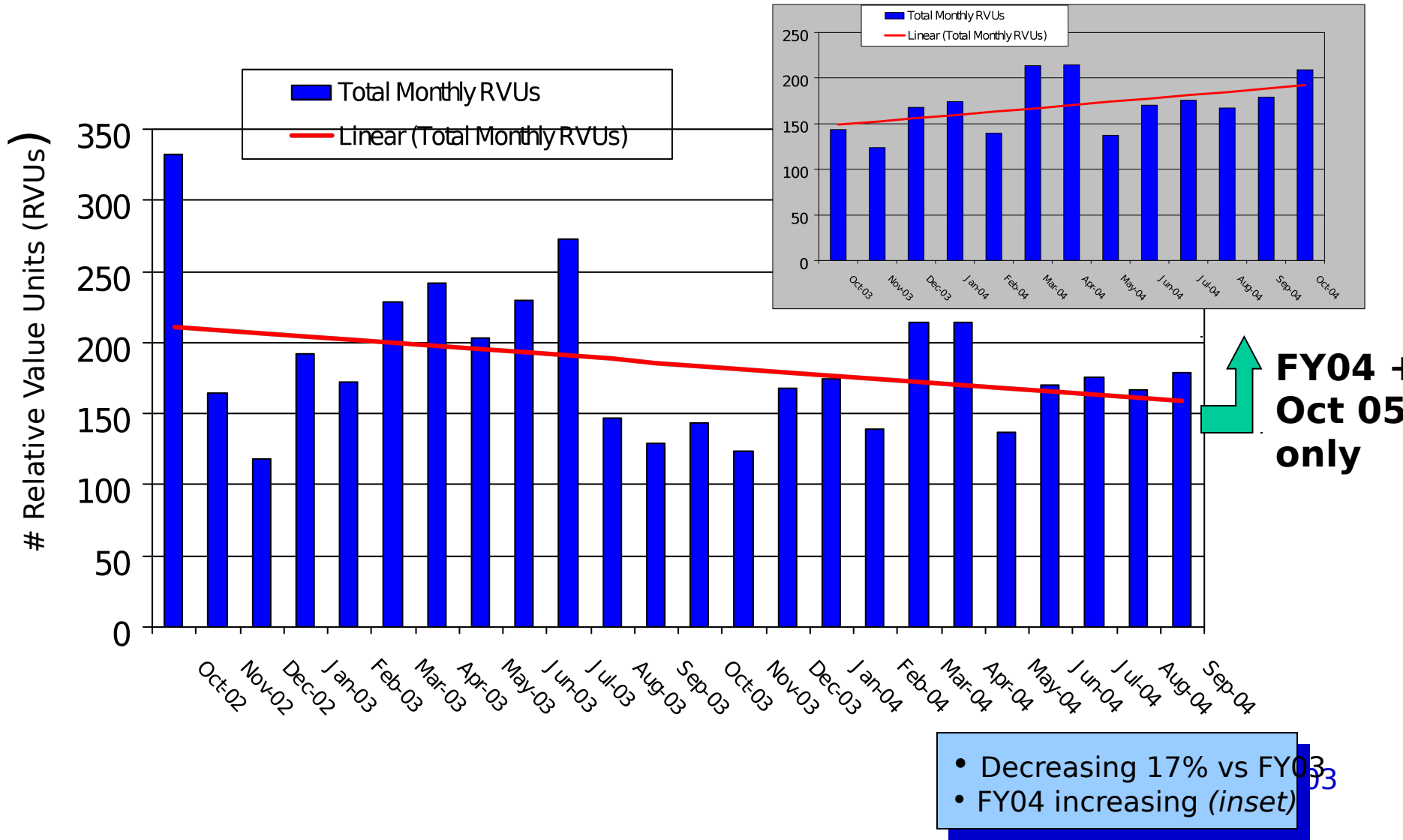
Pending Results from 59 MDSS/CD

Nephrology Sources of RVUs



Almost half of Nephrology
RVUs are generated from
Patients over age 65

Nephrology FY03-FY04 RVUs



Nephrology

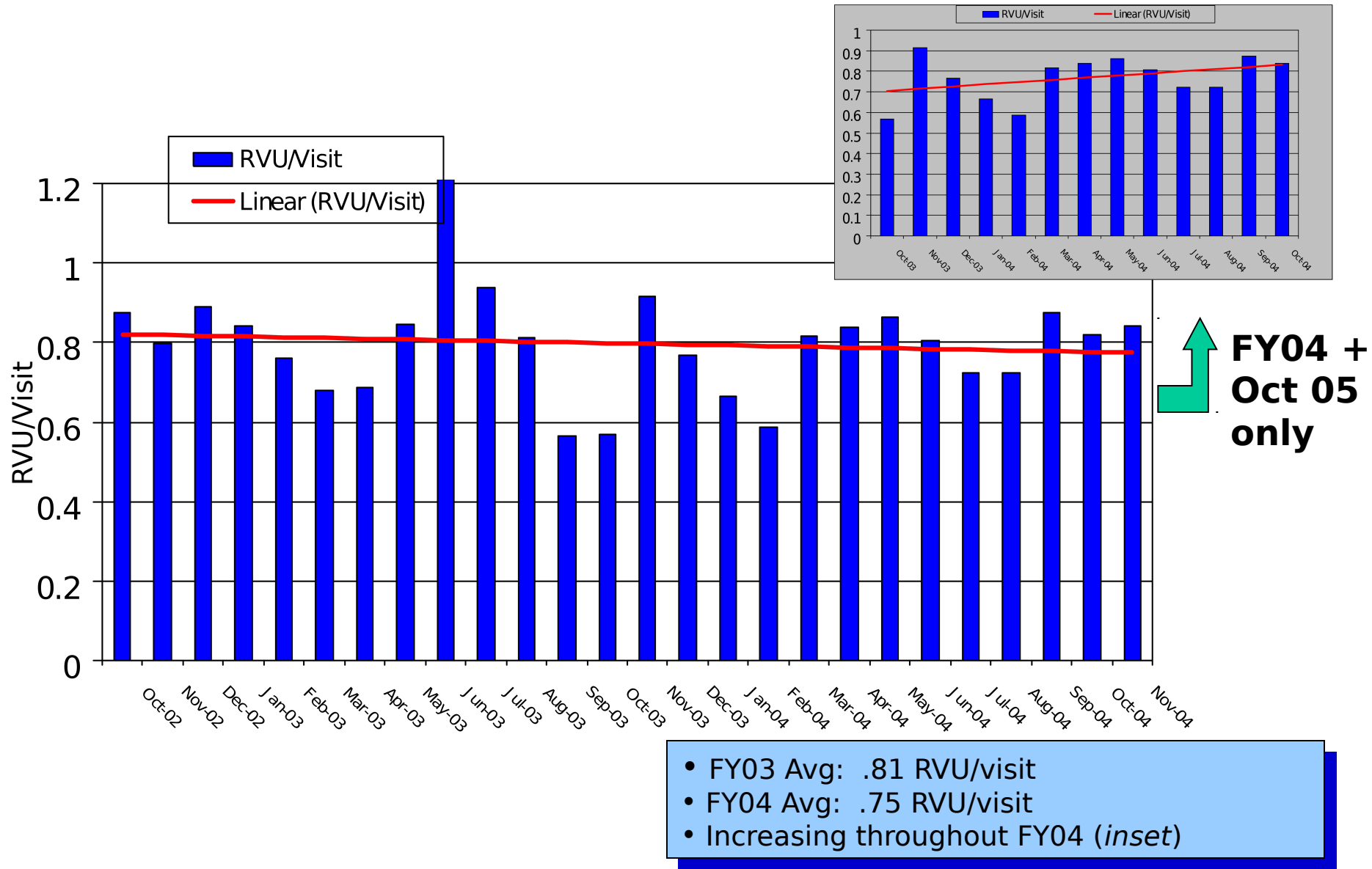
Inpatient Consults

- Initiated clinic-specific process in Spring 2004 to account for inpatient consult workload
- Proactively created spreadsheets with patient name, Dx, SSNs, codes, and dates -- forwarded to coders daily
 - 4 Months later: 0 workload credited/0 consults coded because NCOIC hasn't "walked in" patient to CHCS
 - No feedback received; problem identified by staff MD
- New process: Inpatient consult hand-delivered by fellow to IM/STAR clinic "box" on a daily basis
 - NCOIC supposed to "walk in" patient into CHCS and then documentation forwarded to coder for appropriate coding
 - No feedback received to date

• Large inpatient consult service should generate many RVUs and result in Workload credit for what Nephrologists already do

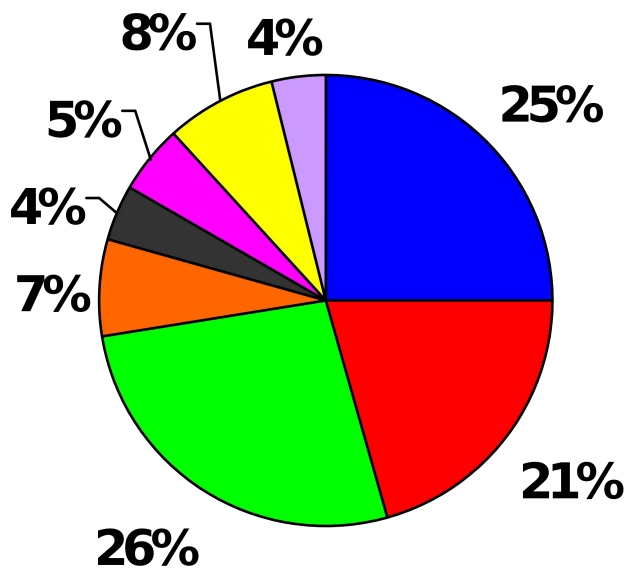
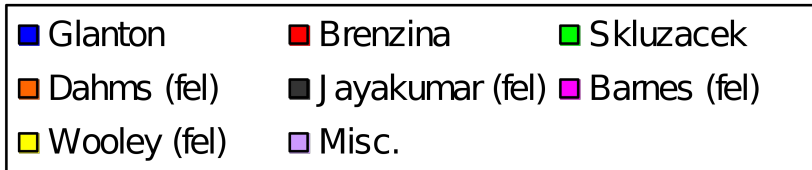
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RVUs/Visit FY03-FY04

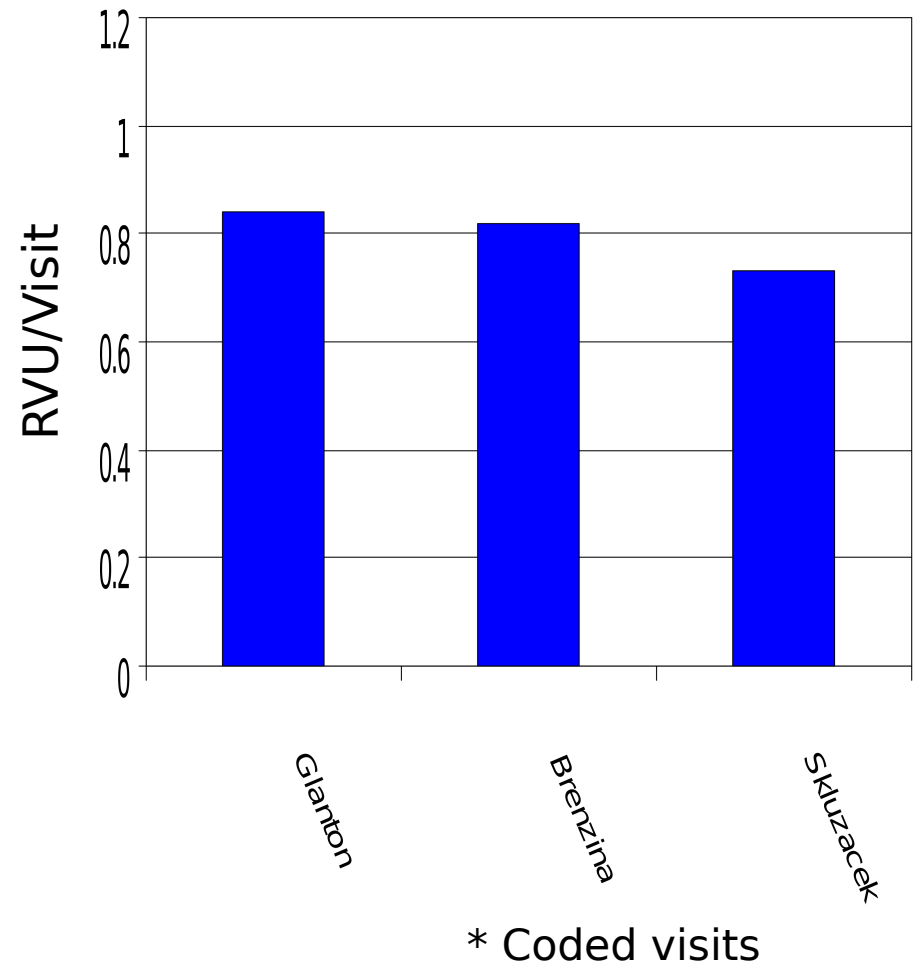


Nephrology

RVUs and RVU/Visit* by Provider (FY05)

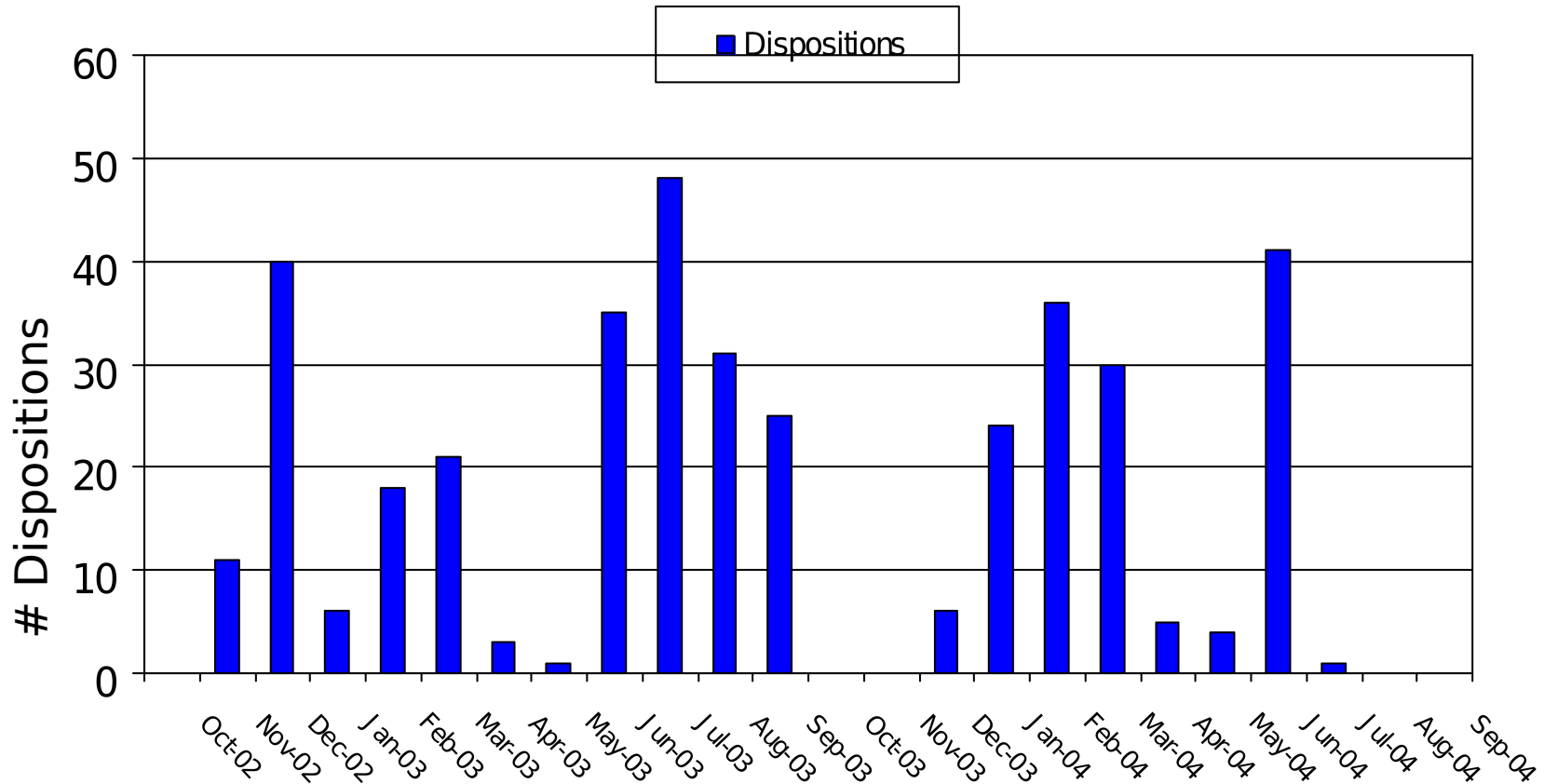


• Staff MDs generate similar #s RVUs



Nephrology

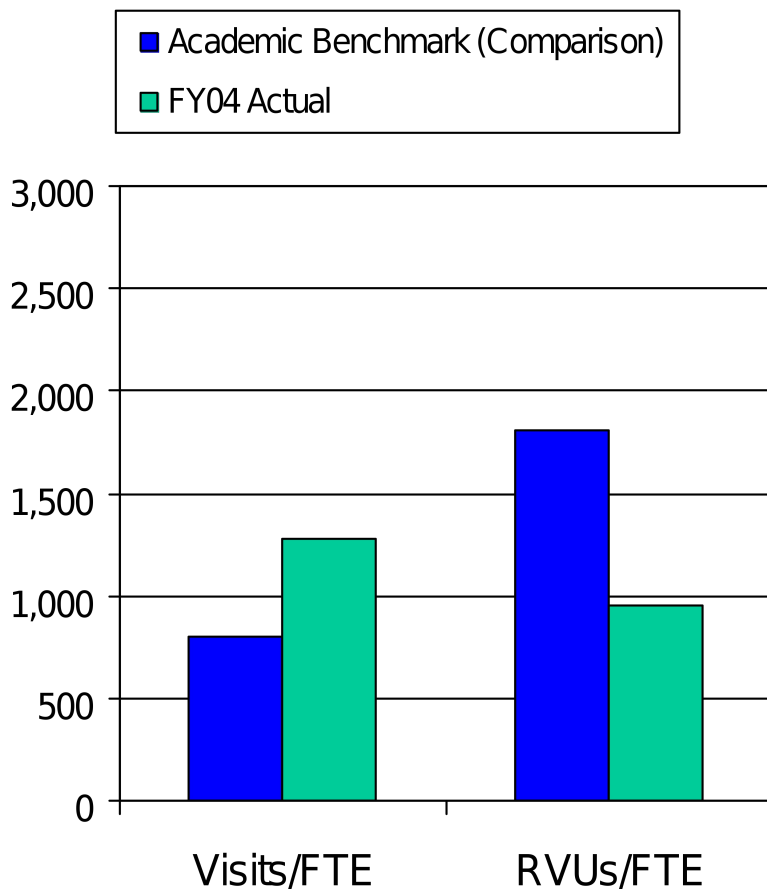
Dispositions by Enrollment Type



- Usually admit only 2-4 patients to month (overnight stays for renal biopsies). Nephrologists admit to general Int Med under BAIA when staffing inpatient wards for Int Med residency - 4-8 months per academic year

Nephrology

Benchmark Comparison per FTE



	Avail per Clinic
#FTEs	2.1
FY04 Visits	2,673
FY04 Visits/FTE	1,273
Academic Benchmark (visits/FTE)	798
% Compared to Acad. Benchmark	160%
FY04 RVUs	2,006
RVU/Visit	0.75
RVU/FTE	955
Academic Benchmark (RVI/FTE)	1,811
% Compared to Acad. Benchmark	53%

- Exceeding visits/FTE but not RVU/FTE because of Coding issues
- Academic standard is 2.26 RVUs/visit vs. FY04 WHMC value of 0.75 RVU/visit (increasing)

Nephrology

Business Plan Goals

- In FY05, your targets based on your FY03 Level of Effort (LOE)
- Goal: *At minimum*, focus on meeting/exceeding your FY04 LOE
 - Your FY04 performance compared to FY03 LOE below

Nephrology RVUs	FY03	FY04	Difference	\$ Impact @ \$74/RVU
PRIME WHMC	718	611	-107	(\$7,918)
Other PRIME	285	319	34	\$2,516
Active Duty Unenrolled	54	31	-23	(\$1,702)
Space A	268	94	-174	(\$12,876)
TP/TFL (age 65+)	1,105	951	-154	(\$11,396)
Total	2,430	2,006	-424	(\$31,376)

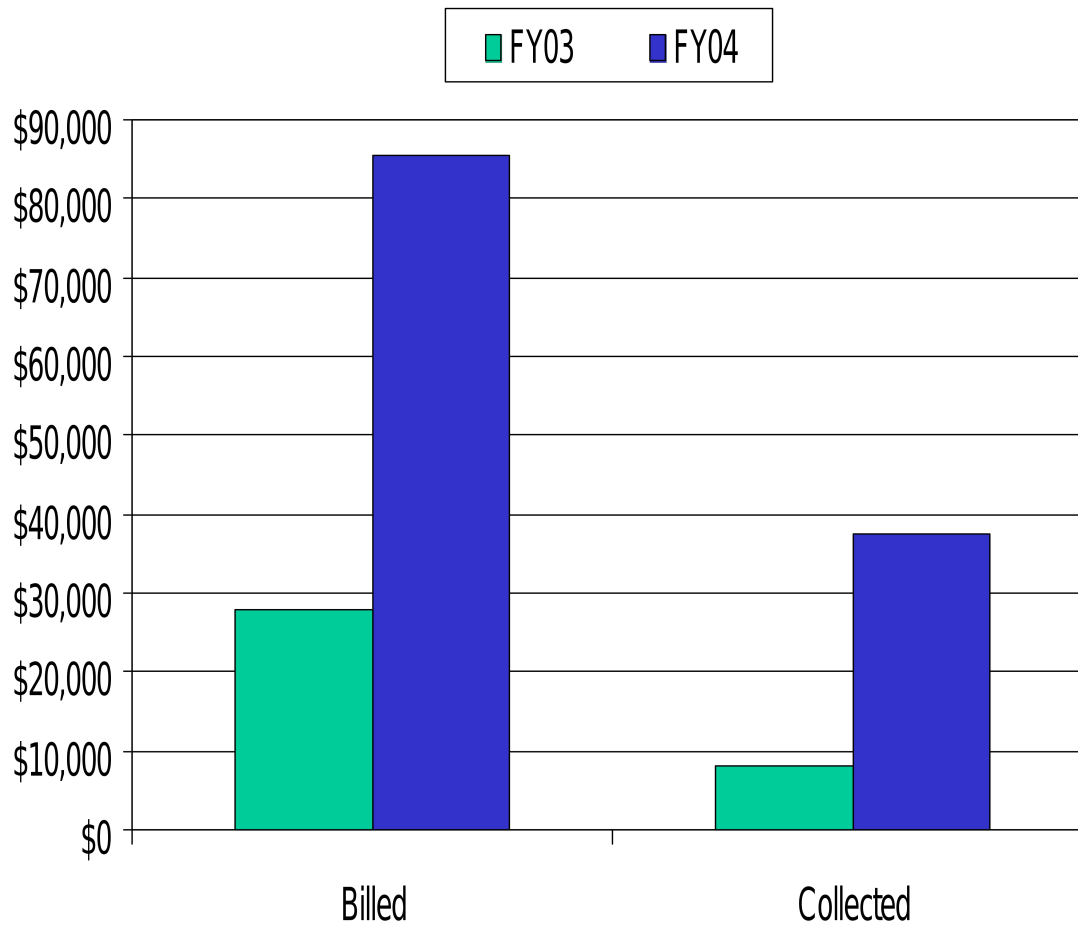
Minimum FY05

Goals:

RVUs: 2,006 total or
167 RVUs/mo

Nephrology

Reimbursements FY03 vs. FY04



- Billing up 207%
- Collections up 375%
- Rate of collections on the \$
• FY03: 0.29
• FY04: 0.44

Nephrology

Next Steps

- Step 2
 - Follow-up: TBD
- Step 3
 - Projected WHMC/BAMC Brief: Apr 05



Integrity - Service - Excellence